MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15258 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Chester o. COUNTY o. STATE Penn. Cecil MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, 2 months Nottingham Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D.#1 YES X NO requires that the death certificate be executed within NAME OF First Middle 4. DATE Manth remave carban Day Year DECEASED RACHEL OF DEATH WARD ARNOLD November 19 1967 (Type or print) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8 ast birthday) Haurs Female Sept. 30,1885 White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
HOUSWIFE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. attending physician sermit. Then please Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal, James Ward Sarah Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Victoria Cathers Rising Sun, Md. None No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) at wark L 21. I certify that (1) (this haspital) attended the deceased fram. , 19___, that (I) (we) last be retained 19 and that death accurred at 7 AM, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Ernest W. Seiter, M.D.D NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) BURIAL, CREMATION, (Stote) (County) Nov. 22. 167 Calvert Friends Cemetery Md. Cecil 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

	1	DIVISION OF VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARYLAND 21201	
	1	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15259
	1.	PLACE OF DEATH O. COUNTY AND MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institutio o. STATE Delaware b. COUNT	
	1	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA Rehobeth Beach	At and give nearest town)
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 337A R.D. #1	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED ATTES First Middle Robert BE	Lost 4. DATE Month OF DEATH	Doy Year 5 1967
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED X	B. DATE OF BIRTH Jan. 26, 1918 ? 9. AGE (In years last birthday) yrs.	Manths Doys Hours Min.
		. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Iron Worker 10b. KIND OF BUSINESS OR INDUSTRY General Construct	11. BIRTHPLACE (State or foreign country) ion Delaware	12 CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15.	VIII am H. Beckett WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Gunning INFORMANT Address	5
	(Ye	s, no, or unknown) (If yes give wor or dates of service)	ames R. Beckett, Jr. (Same	as 2 above)
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DIF TO	COMA	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse		
		last. (c)		
	CATION	PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) 1(Stote)
		21. I certify that I taak charge af the remains described above, he		ry and in my apinio
		death resulted fram: Natural causes 💢, Accident 🗌, Suic	cide , Hamicide , Undetermined ma	nner [_]
		SIGNATURE Herry Day	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
9		EXAMINER'S	DEPUTY MEDICAL EXAMINER 📈	14/1/-

23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (5) 6M 1/67

5 may be retained far your files.

the funeral director.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

NAME

230. BURIAL, CREMATION, REMOVAL (Specify)

Poge 4 shauld be forworded to the Chief Medical Examiner's Office olong

pending

necessary, please execute the certificate, writing the word "

MEDICAL EXAMINER:

TO DEPUTY

FOR STATE HEALTH DEPT.

in pencil in Item 18. Giye Poge

This certificate should be executed within 24 hours ofter death

1967 Hickory Grove Cemetery
ADDRESS
DATE

11 Ington, Maryland Edward F. Fellows, Millington, Maryland

Nov.

23d. LOCATION (City or Town) New Castle County REGISTRAR'S 510 8 1967 Filand

Address (Street, city, town, or county)

9:00 337A R. S. ET The state of the s V Jan. 26, 1918 ? 49 ? Iron Horker Comerci Construction delamare nateonal year Milliam H. Meckett 221-01-0483 Danmes R. Geckers, Art. (Saco as 2 above) TOTAL STATE NEW Y Hov. 10, 1967 Biology Stroye Ceneters Wester Manual Lande South, asl. Sound . Fellows, Willington, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15256 CERTIFICATE OF DEATH 15260 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, within 72 hours e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 61 E. M YES NO NAME OF Middle 4. DATE First Doy Year corbo OF DEATH DECEASED BER complete NOVEM 1967 event, (Type or print) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH 7. MARRIED remove last birthdoy) Months Hours Dovs ond in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY OF N physician (during most of working life, even if retired) COUNTRY? ARULANO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, BETH 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [(If yes give wor or dotes of service cremation, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the prior to t stoting the underlying couse **DIRECTOR:** After this certificate has been the hospital or ottending WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) detoched for use e Dept. of Health NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m. Not While foctory, street, office bldg., etc.) of work Page 4 moy be retained by ta/VUV. 21. I certify that (I) (this haspital) attended the deceased fram_ 196 (that (I) (we) las saw the deceased alive an /UC and that death accurred at // 3 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS. r, poge 3 be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) ELHTON 9 256. REGISTRAR'S SIGNATURE BY REGISTRAR FUNERAL DIRECTOR DATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15257 CERTIFICATE OF DEATH 24 haurs after death. the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY aurs after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) filled_in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers IS RESIDENCE ON A FARM? and in any event, within 22th d. STREET ADDRESS YES ND within 3. NAME OF Middle First DATE Inst Month Doy Year and campletely remave carba DECEASED (Type or print) 19 DEATH 0 requires that the death certificate be executed SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH AGE In years NEVER MARRIED birthdoy) Months Doys Hours DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY physician HOUSEWIFE ER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no or unknown) (If yes give wor or dates of service) COATESVILLE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been by the haspital ar attending the State Dept. of Health prior to 6 Cunil last. SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES V NO certificate g 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. factory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING ot work of work 21. I certify that (I) (this hospital) attended the deceased fram 10 1967, that (1) (we) last . to Page 4 may be retained directar, page 3 shauld shauld be filed with the 1967, and that death accurred at it: Som, from causes and an the date stated above. saw the deceased alive an 11 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) MELAN **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) lü 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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be de		22c. PHYSICIAN'S	ソ・ア・ル	CON	Qy_	M.[D. PHYS. L	DIRECTOR PHYS.	11-7-6	57
AL AL PDG	1	NAME (Type)	A. L. MOC	NEY, M	1. D()		VAH, Per	ry Point, M	d.	
Page 4 m O FUNER. directar, shauld b	2	30. BURIAL, CREMATIC	DN 23b. DATE THI		23c. HAME OF CEN			23d. LOCATION (City or	1 11	(Stote)
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CERTIFICATE OF DEATH

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rspi spi spi spi renti red red t. o		,	MEDICAL EXAMINER)									
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HO Be Be Do U	230	BURIAL, CREMATIC	1		23c. NAME OF CE				LOCATION (City or)		(County)	
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	24	. FUNERAL DIRECTO		16	ADDRESS	0	2So. RE	C'D BY REGIS	STRAR 2Sb.	REGISTRAR'S	SIGNATUR	RE .
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15261 15265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY delay is and 3 to MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2, u. P.M3. 28 Runal hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Union in pencil in Item 18. Give Poges This certificate should be executed within 24 hours after death. 3. NAME OF 4 DATE Office along with rouch DECEASED (Type or print) DEATH 9. AGE (In years 7. MARRIED" 15 last birthdoy) Months OIVORCED X event within 72 hours after deoth WIOOWEO 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY / nemical 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME Oronch 16. SOCIAL SECURITY NO. 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates af service)
Yes Korea 171-26-5460 John A. Crouch. Elkton. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSEO BY: ONSET AND OFATH Internal certificate, writing the word DUF TO Accident any Conditions, if ony, which gave 0 rise to immediate cause (a), stoting the underlying couse 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removal, 20o. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) In Auto Addident (Collision with Another Carlon CAUSE OF OEATH 2 20e. PLACE OF INJURY (Home, form 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Oay, Year While of work Cedi FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry ond in my opinion death resulted fram: Natural causes Accident V. Suicide Hamicide Undetermined manner be retained ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 11-20-67 OFPUTY MEDICAL EXAMINER **EXAMINER'S** E) Kton, Md Address (Street, city, town, or county) 230. BURIAL CREMATION 23d. LOCATION (City or Town) 50 Immaculate Conception Cherry Hill. Md. 2So. REC'O BY REGISTRAR VR A15ME is, Elkton, Md.

1333 A. Sarageta term ((obs Yor Johnson, Pisser, Mit.

THE PARTY OF			DIVISION	OF VITAL	RECOR	RDS, 301 W.	. PRESTO	N STREET,	BALIIMO	RE, MA	RYLAND	21201	-7	52	2.2	
		1526	2			CERTII	FICATE	OF DE	ATH				- A.	JA	00	
	1.	Cecil				MAG	YLAND	2. USUAL RE o. STATE	sidence (v		ased lived	b. COU		nce befor	e admissio	(باد
		. CITY OR TOWN (I	f outside carparote limit	s,		NGTH OF STAY	IN 1b	c. CITY OR TO			rate limits	s, write RU	RAL and giv	e neores	town)	
		Perry	Point AL OR INSTITUTION (If no	at in hospital	8	mos 3	days	d. STREET AL	ither	sbur	g				e IS RESID	PINCE
27			Administr						#_1_						ON A FA	NO J
	3.	NAME OF DECEASED		rst		Middle		Lost		4. DATE		Mon		Doy	Yeo	ar
		Type or print)	6. COLOR OR RACE	7. MARRIED		SHERM NEVER MARRIE		DAVIS DATE OF BIR		DEAT	9. AGE (Nove	mber I IF UNDER	1 VEAR	19 IF UNDER	67
		Male	Negro	WIDOWED		DIVORCE		3-25-				pirthday) yrs.	Months	Doys	Hours	Min.
	10a duri	USUAL OCCUPATION ng most of working Custodi	(Give kind of work done life, even if retired)	10b. I	KIND OF NDUSTR	BUSINESS OR y		11. BIRTHPLA	ACE (County			intry)		TIZEN OF DUNTRY?	WHAT	
	13.	FATHER'S NAME				59745		14. MOTHER	'S MAIDEN I	NAME				USA		
		Corneli	us (D)			SECURITY NO.		A15	ice G	reen	446	Addr	(D)			
	(Ye	Yes 1B. CAUSE OF DE	(If yes give wor or dotes of WW II. ATH (Enter only one could was CAUSED BY.	of service) 2	19- or (o), (t	56-678 o), ond (c).)	6 VA	Hospi		ecor	ds,	Perr	y Poi	INT	Md. ERVAL BET SET AND D	
		177X Conditions, if ony,	IMMEDIATE CAUSE DUE	TO	cin	oma of	the	prosta	ate							
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2	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C		TO DEA	TH BUT NOT RE	LATED TO T	HE TERMINAL (DISEASE CON	IDITION GI	VEN IN PA	ART 1(0)			WAS AUTO PERFORM ES	OPSY ED? NO
	L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE	HOW INJURY	OCCURRED. (Enter noture o	of injury in	Port I or P	ort II of it	tem 1B.)				
	MEDICAL	20c. TIME OF INJU Hour o.n	10	Whil		OCCURRED Not While of work		E OF INJURY (ory, street, affic			(City o	or town)	(Co	iunty)	((Stote)
		21. I certif	y that (X) (this hos	pital) otter	nded t	he deceased	fram_M	arch &	3, 1	967	to No	v. 6	, 19_	67 th	etc(x)xt	k sex
		22a. SIGNATURE	x socset always acx				ond mor				A.III	TAFF	22b. D	ATE SIGN	ED	000
		22c. PHYSICIAN'S		Zeers	- m		M.D	PHYS.		MED. DIRECTOR	□ è	HYS.	11	-6-	57	
-1			EDGAR E.	FOLK :	III	M.D.			Hospi	tal.	Per	ry P	oint.	Md		

Page 4 n To FUNER director,

230. BURIAL, CREMATION, REMOVAL (Specify) JOHN WESLEY CEMETERY CLARKSBURG, MONTG, MD.

ADDRESS Rockville, Md. RECD By REGISTRAR 25b. REGISTRAR'S SIGNATURE

Home, 246 N. Wash.St. DATE

NOV. 1 0 1987 Snewden Funeral

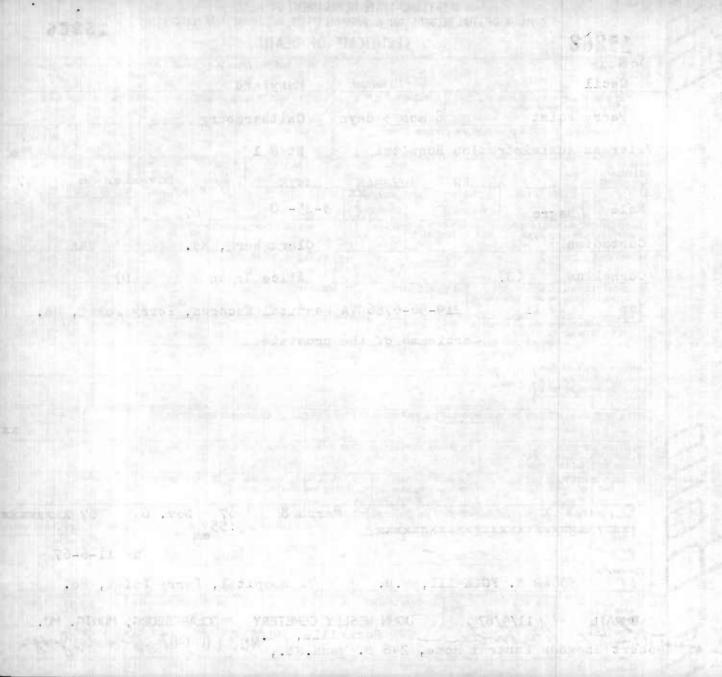
23c. NAME OF CEMETERY OR CREMATORY

23b. DATE THEREOF

(County)

(Stote)

23d. LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15263 15267 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY tely filled in by the fun-than papers. Pages / within 2 hours affer a Cecil MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Perry Point Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1943 Penrose Ave.. VA Hospital YES NO To NAME OF First Last 4. DATE Day Year campletely DECEASED William J. 19 67 Dean November DEATH event. remove car IF UNDER 1 YEAR NEVER MARRIED IF LINDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED last birthday) Manths Days Haurs 10 6 26 Male Negro and in any DIVORCED WIDOWED and 10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A. None attending physician permit. Then please North Carolina None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. WILLIAM DEAN HATTIE MILS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OF (Yes, na, or unknown) (If yes give wor or dates af service) 220-12-69-12 WW VA Hospital - Perry Point, Maryland Yes crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (a) DUE TO burial, 6 Mo. Canditians, if any, which gave Malignant Hypertension rise ta immediate cause (a). DUE TO stating the underlying cause be retained by the haspital ar attending 6 Mo. the has been ()Glomerulonephritis OS 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Nat While factory, street, affice bldg., etc.) at wark 10 24 48 19 21. I certify that (this haspital) attended the deceased fram. to 11 25 67, 19 , that the web lost TO FUNERAL DIRECTOR: xsawythecderecsentalivexxxxxxxxxxxxxxxxxx19_ __, and that death accurred at 2:050M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 11-25-67 M.D. DIRECTOR PHYS. filed r, page be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) IRINA REUS, M.D. VA Hospital - Perry Point, Maryland director, should by 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Md. Baltimore, Baltimore, Nat. Cemetery 11 26 67 Remova. 250. RECD, BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Millianlas MORTON & DYETT 1701 Luarens St. Balto., Md

Isticaci .. July 27, 30 30 MSH J. J. all dive act o TO SEE SHEET TO SEE STATE OF THE SECOND SECO

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15268

15264 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH °. Cecil o. State Maryland b. COUNTY 0 MARYLAND delay ment b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) CONOWINGO Life Conowingo RURAL Depo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS form 00 ON A FARM? NO to in Item 18. Give Pages Stake This certificate shauld be executed within 24 haurs after death. Office along with, NAME OF Lost 4. DATE Month Doy Year DECEASED ROGER **JAMES ECKARD** 18. (Type or print) DEATH November 67 S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Days Hours Oct.16,1940 death. Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) GOUNTRY?A. · Gov t Maryland Model Maker ward "pending" in pencil in the Chief Medical Examiner's pages 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME within 72 hours Edna Jones James Henry Eckard File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Roger Exkard. Conowingo. Md. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) event v burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove to rise to immediate couse (a). 2 DUE TO 0 stoting the underlying couse and last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? remaval, YES X certificate, 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) 3 shauld shauld cremation, ar Pilot in airplame crash CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work Conowingo UNK 11/18 1967 at work please execute Cecil Md. 21. I certify that I taak charge of the remains described above, held an Autapsy X Inspection . Inquiry and in my apinion Natural couses the funeral directar. deoth resulted fram: Accident X Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 11/19/67 Spitz; **EXAMINER'S** Werner U. NAME (Type Address (Street, city, town, or county) 23b. DATE THEREOF Nov. 21, 1967 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) Conowingo Cemetery Conowingo Cecil Md. Burial 250. REC'D BY REGISTRAR DATE NOV 2 2 1 RECISIRAR'S SIGNATURE Jam 20therry St. VR A15ME (5) DATENOV 6M 1/67 Rising Sun.Md.

The state of the s the party of the p To do the speed on such troilly the of a second party can be a second continuously by the second party and the second party a

Wilson M.D.

Davis Cemetery

Elkton.

VR A15ME (5) 6M 1/67

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Health

EXAMINER'S

NAME (Type

24 FUNERAL DIRECT

23a. BURIAL, CREMATION

Bur Taly)

Edward F.

23b. DATE THES

for

Tazewell Co. Va. 2Sq REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Milanter 1967 DATOFC 6

23d. LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

15269

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

U.S.A

COUNTRY?

Months

e. IS RESIDENCE ON A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS

(County)

PERFORMED? YES 🔽

ond in my opinion

22. DATE SIGNED

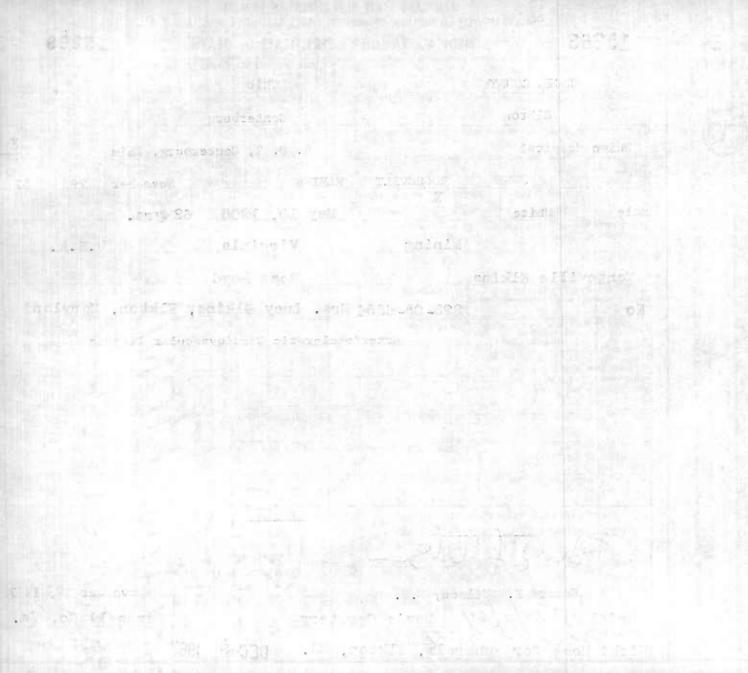
November 29, 1967

(Caunty)

NO

(State)

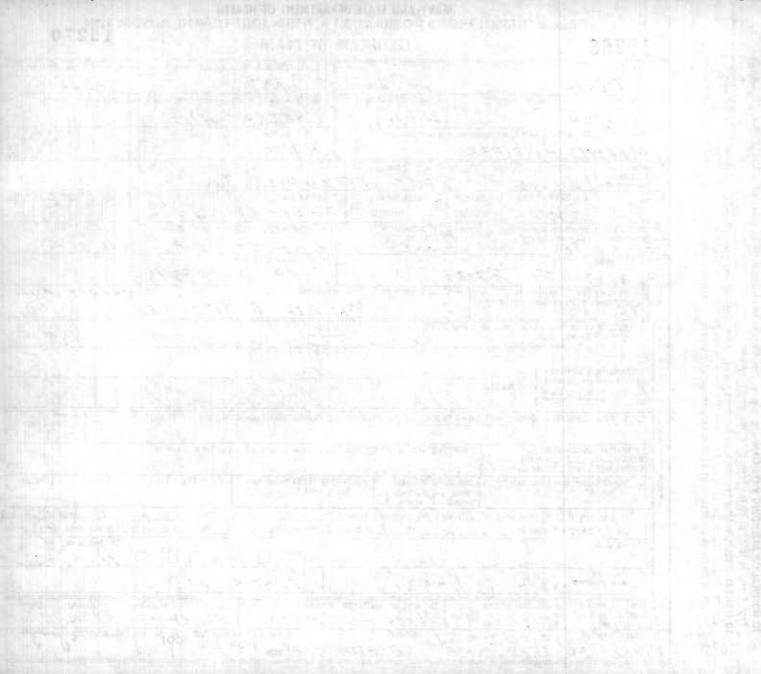
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15266 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY CECIL CECIL MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) PHYSICIAN: The law requires that the death certificate be executed within 24 hours e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) YES NO 3. NAME OF Middle DATE Month pan DECEASED OF DEATH 1967 (Type or print) IF LINDER 1 YEAR IF LINDER 24 HRS AGE (In years NEVER MARRIED 7. MARRIED Months last birthday) 9-29 WIDOWED DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

HOUSEWIFE

13. FATHER'S NAME INDUSTRY COUNTRY? 4.5.4 WISE CO. 40ME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, DAU15 LBERT Address ONERRY 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) (If yes give war ar dates of service) CLIFFORD R. FITZWATER INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p burial, cremativ **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (a), -DUF-TO stoting the underlying couse the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20e. PLACE OF INJURY (Home, form. (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram week , 1969ta War , 1962, that (1) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive on 12 1967, and that death accurred at 12 1/2 M, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) ELATON, MAD 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 236. BURIAL, CREMATION (County) (State) REMOVAL (Specify) CHERRY HILL CECIZ HERRY HILL METH. 250. RECD BY REGISTRAR 19675b. REGISTRARS SIGNARE 24. FUNERAL DIRECTOR ELHTOM



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Cecil Cecil Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest lown) writa RURAL end giva nearest town) .= weeks Elkton within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? physician and/completely Union Hospital R.D. 5 Box YES NO 3. NAME OF Middle 4. DATE Year DECEASED OF (Type or print) DEATH Alfred 1967 Foote Nov. carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) event, Months WIDOWED Sept. Mal remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if retirad) Retired Carpenter U.S.A. Pennsylvania please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending and Unknown unknown Then requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT R . D Addr 5 Box 170 (Yas, no, or unkown) (If yes give we ror deles of service) the Mrs. Sarah R. Foote, Elkton, Md. permit. attending physician. 18. CAUSE OF DEATH [Enter only one couse has been signed by INTERVAL BETWEEN for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: em bolus cremation, IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which The gave rise to immediate cause DUE TO (a), stating the underlying the the hospital or cause last. After this certificate OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY detached for use as 2 CERTIFICATION PERFORMED? prior NO D 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) of Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dev. Yaer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While DIRECTOR: State Dept. at work et work should be 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive SIGNATURE DATE ATTENDING SIGNED STAFF HOSPITAL page with th FUNERAL PHYS. DIRECTOR Page M.D. PHYSICIAN'S NAME (Typa) ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0:53 REMOVAL (Specify) Sharps Cemetery Fair Hill. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) Elkton Funerals 20M 5-63

Sagnivrat C. 05 | 5021 | 51 .1100 L CEP | OF THE TOTAL OF THE PARTY OF TH C22_07_0552-A | Yea, Ceren N. Foote, Elston, Pelminney embelos ACCTE Thrends phletitis, @ Form! very 1 dey Peripheral abliterative Actions schenes . Marin alam

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retoined by the hospitol or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbe should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, w

CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	Cec		MARYL		2. USUAL RESIDENCE (o. STATE Penr	na	b. COL	Phil	a.	on)
		If autside corporate limits d give neorest town) ville		c. LENGTH OF STAY IN 5 Mo.14 D		Philade		ate limits, write RL	JRAL and give	nearest tawn)	-3
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, g			d. STREET ADDRESS				e. IS RESI	DENCE
		ital, Perry	Point,	Md.		2006 W S	Spence	r Street	,	YES	NO KX
3.	NAME OF DECEASED (Type or print)	Fir EDWARI		Middle	HA	Lost LIL	4. DATE OF DEATH	Novemb			or 67
S.	Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		1. DATE OF BIRTH 4-8-92		9. AGE (In yeors lost birthdoy)	Months 1	YEAR IF UNDE Doys Hours	Min.
du	o. USUAL OCCUPATION ring most of working Laborer	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County South Ca	arolin	reign country)		ZEN OF WHAT	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
L	LOUIS		eased)				Broom	(Deceas	sed)		
(y	es, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes o WW I	f service)	SOCIAL SECURITY NO. 57-18-7112		NFORMANT Hospital F	Record	s, Perry		, Md.	
	PART 1. DEA' 4 2 0 0 Conditions, if ony rise to immediat stating the under lost.	, which gove e couse (o), rlying couse	(c) Bron (b) Cong (c) Arte	chopneumorestive hear	art	w/pulmonar failure heart dise	yinf		eft		
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIV	EN IN PART 1(o)		19. WAS AUT PERFORM YES 🔀	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I or Po	rt II of item 18.)			
MEDICAL	20c. TIME OF INJI Hour o.i		20d. IN While ot work	NJURY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.		(City or town)	(Cou	nty)	(Stote)
		fy that (X) (this has	oital) attend	ded the deceased to							
	22o. SIGNATURE	a. L.7	no	mey	M.D		MED. DIRECTOR	STAFF PHYS.		TE SIGNED L-24-67	
	22c. PHYSICIAN'S NAME (Type	A. L. M	OONEY,	M.D.		22d. ADDRESS P	erry	Point,	Md.		
	a. BURIAL, CREMATIC			23c. NAME OF CEMET Baltimore				OCATION (City or To		County) (otote)
2	SLADE Fu	heral Home	1747 1	ADDRESS N. 16th St	Phi	25o. REC'	D BY REGIST		EGISTRAR'S SIC		24

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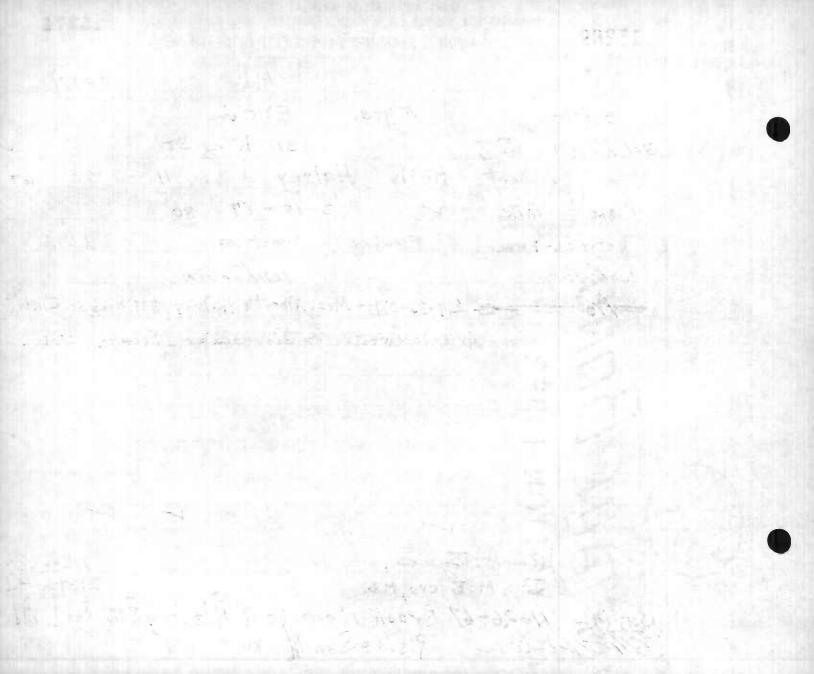
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15274

FOR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH		
HEALTH DEPT.		LACE OF DEATH	2. USUAL RESIDENCE (Where deceosed o. STATE	lived, if institution: Residence	e before admission)
ST ST ST		MARYLAND	/1d.	C	ea7
de la		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporote	limits, write RURAL and give	neorest town)
P. and P.		NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS		07 -/
5		NAME OF HOSTITAL OK INSTITUTION (IT NOT IN MOSPITO), give street oddress)	311 King	ax	e IS RESIDENCE ON A FARM?
Poges Affil Tors	2	AME OF First Middle	Lost 4 DATE	Month	YES NO D
		ECEASED YPE OF Print) Albert Kelly H	alsey OF DEATH	// Month	22 19 67
olo	S. :	M) LACE TO THE MARKED		AGE (In years IF UNDER 1 last birthdoy) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
urs n 18 ice c d2 v d2 v		Make White WIDOWED DIVORCED	2-10-81	80 yrs.	
24 hours in Item 18 er's Office o les 1 ond 2 v after deoth	10o. duri	USUAL OCCUPATION (Give kind of work done g most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign coun	try) 12. CITI CQU	IZEN OF WHAT
er's er's ges afte		g most of working life, even if retired) Returned — Farmer INDUSTRY FATHER'S NAME	West Va.	1	17.14-
I within 2 n pencil i Examiner File page 2 hours at	13.	3 - V	11		
d win p Exa Exa File 2 hc	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT ZENKNOGUT	Address	141
ute g" lical lical mit.	(Ye	no, or unknown) (If yes give wor or dotes of service) 219-36-0715 N	Irs. Alberta Hals	ev 311 Kihm	est, Elkon
should be executed within te word "pending" in pendil o the Chief Medical Examin burial-transit permit. File pagn any event within 72 hours		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		1)	INTERVAL BETWEEN
ld be rd "pe Chief transit event		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Anterioscleration	e Cardiovaseula	r Direard	ONSET AND DEATH
should e word the Cl urial-tru any ev		T > 21 DUE TO			
e shou the wo to the burial- in any		Conditions, if ony, which gove itse to immediate couse (a),			
ficate ing the rided the as o		stating the underlying couse DUE TO			
		lost. (c)	THE TERMINAL DISEASE CONDITION GIVEN I	IN PART 1(a)	19. WAS AUTOPSY
icote, writicote, writicote, writicote, writicote forwar labe used removal, or removal,	TION	THE STATE OF THE S	THE PERMITTE DISEASE CONDITION OF THE	H TAKE I(0)	PERFORMED?
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INER: T e certific should b files. 3 should ion, or r		PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH.			
XAMINER on the certain the cer	MEDICAL	n in the second	ACE OF INJURY (Home, form, 20f. (fory, street, office bldg., etc.)	City or town) (Cour	nty) (Stote)
XAN tre t ge 4 your	W	p.m. 19 of work at work			
200 200		21. I certify that I taak charge of the remains described above, he		Inquiry I	and in my opinian
se exector. I be for formal purial purial		death resulted fram: Natural causes D, Accident D, Sui		etermined manner	
MED eleose direct direct birect to birect	4	ACTUAL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
		EXAMINER'S	M.D. ASSISTANT MEDICAL EXAMINER (11-22-67
DEPUTY Cessory, je e funeral may be r FUNERAL		NAME (Type) John M. Byers, M.D.	Address (Street, city, town, or	county)	Elkton, Md
necesso the fun 5 may 0 FUNE Health	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 230 LOCAT	TION (City or Town)	(County) (Stote)
	6	SEMOVAL (SOPPHIS) 11-36-67 Brookui		IN 9 JUN	(66. / //g.
VR A15ME 5	2	PADDRESS RELIEVE	2So. REC'D BY REGISTRAR	1967 REGISTRAR'S SIG	By Judge
OM I/O/	0	1131130	DATE NUV &	JUNI "	1



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY \$ 7 t Cecil Maryland MARYLAND Cec 11 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL and give nearest town Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Elkmore, YES NOW Union Hospital complete paper n 72 h 3. NAME OF Middle DATE Yeer 4. Month DECEASED OF (Type or print) DEATHNOVember 1967 Harry Heath carbon with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and event, Months Male WIDOWED DIVORCED Feb. physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) Retired B. & O Railroad U.S.A. Maryland please .5 13. FATHER'S NAME attending 14. MOTHER'S MAIDEN NAME William C. Heath. Margaret Murphy Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT R.D. (Yes_no, or unkown) (Ifyes give wer or detes of service) the 213-05-3997 Mrs. Charlotte P. Heath, Elkton permit. attending physician. been signed by 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (e) burial-transit DUE TO ANTERIOR DESCENDING Conditions, if eny, which' geve rise to immediata cause has DUE TO (a), stating the undarlying the the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) as 2 CERTIFICATION use prior YES NO SIGMOID Denoc ARCINOM A Colon for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) Health OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING WEDICAL 20c. TIME OF INJURY Month, Dev. Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) ō fectory, street, office bldg., etc. Hour e.m. While Not While DIRECTOR: at work at work p.m. Pe should State saw the deceased alive on...11.1.22 22 SIGNATUR 22b. DATE ATTENDING MED. STAFF FUNERAL page with t DIRECTOR PHYS. PHYS. Page M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, Elkton filed Medical Park, Elkton, Md. Robert 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 = 2 REMOVAL (Specify) Cherry Hill Meth. Cemetery. Cherry Hill, 24 FUNGEAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISJRAR'S SIGNATURE Charten VR A15 (4 Funerals. Elkton, Md.

Though. Thirty I was the deal of the state of the st .s.E.D becalles o a .d In-land Cl3-05-599V Sides Charlotte 1. Desby. Et stor The state of the s toport. I. Gray Variation of the property of t Tilge on a long of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY MARYLAND Cecil b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town Perry Point 69 days White Marsh e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS pe 21162 Veterans Administration Hospital event, within Ebenezer Road YES NO X be executed within carban 3. NAME OF 4 DATE Month Doy Year DECEASED **HERMAN** November 21 19 67 (Type or print) CHARLES Lewis DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Jast birthday) Haurs 1-7-94 Male White and in any WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY physician c **INDUSTRY** the death certificate Baltimore, Maryland Mechanic Chemical Plant 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, Anna Toephner (D) William Herman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes af service) 220-20-7429 VA Hospital Records, Perry Point, Md. WW crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, crematic ONSET AND DEATH Cardiac arrest IMMEDIATE CAUSE (a) ar attending physician. DUF TO Arteriosclerotic heart disease w/calcific Canditions, if any, which gave rise ta immediate cause (a), aortic stenosis, severe DUE TO stating the underlying cause as been as the priar to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? has Obstructive pulmonary emphysema YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) R 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While at wark of work 21. I certify that XX (this hospital) attended the deceased from Aug. 23 1967 be retained FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 11-22-67 DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) VAH, Perry Point, Md. A. L. MOONEY, M.D. director, shauld b 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Cokesbury Cemetery Abbingdon. Md. 0 7. Home ADDRESS 7 401 Belan

Funeral Home . Baltimore, MD

24. FUNERAL DIRECTOR.*

VR A15 (4) 25M 1/67

2Sb. REGISTRAR'S SIGNATURE

Melisales

2Sa. REC'D BY REGISTRAR

DATE NO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15273 15278 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Cecil Cecil Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest_town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-bours life Colora d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and in any event, within 72 00 YES NO F 3. NAME OF Middle remave carban First Lost 4. DATE Month Dov DECEASED Kyle Nov. 77 Katherine M. DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost, birthday) 4/12/1900 Female White WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, every if retired) attending physician termit. Then please Cecil County . Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Custard J. Brown Alice Booze 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknawn) (If yes give war ar dates of service Colora, Maryland John Kyle INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, (City ar tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Caunty) (State) Haur 'a.m. foctory, street, affice bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 6-23,1967, to/1-11 . 1957, that (1) (we) last saw the deceased alive an 10-13 1962, and that death accurred at 245 M, fram causes and an the date stated above. FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL CREMATION. (State) (County) West Nottingham Cem. 4/67 Colora. Cecil Md. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Rising Sun. Md

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15275 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. COUNTY Cecil o. SAIL of Columbia MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) rbon papers. rug. write RURAL and give nearest town)
Perryville mo. 11 days Washington, D.C. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VAH Perry Point, Md. 721 Jefferson St. N.E., Wash.D. CYB NO IX NAME OF Middle 4. DATE Month Lost Doy Year completely DECEASED Theodore R. Mikell Nov. 19 (Type or print) DEATH COL event, S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours 1-19-26 and in ony WIDOWED DIVORCED Male Negro ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) mathematician Map svc of U.S. Army South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, James Mikell Rosette Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) 22 2986 VA Hospital records Perry Point .Md . buriol, cremotian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY BRONCHO-PNEUMONIA Acute Edema & Atelectasis the hospital or ottending physician. 2 hrs of both lower lobes of lungs. signed l Conditions, if ony, which gove 3 days rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? YES 3 NO certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work 1967 ta 11-23 4-12 19 67 than the worlds 21. I certify that (1) (this haspital) attended the deceased fram. be retoined O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 11-24-67 DIRECTOR PHYS filed director, page should be filed (Decompron 22d. ADDRESS NAME (Type) THOMAS THOMPSON. M.D. VAH. Perry Point, Md. P. 23 NAME OF CEMETERY OR CREMATOR 230 BURIAL CREMATION. 23b. DATE THEREOF 23d XOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAD Home. Georgia

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2, and 3 to P.M.3. Poge y delay is

in pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15281

MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

		MEDI	AL EXAMINE	K 5 CERTIII	ICATE OF	PLAI	**				
1. PLACE OF DEATH						here deceos	ed lived, if institu	tion: Reside	nce befar	e odmissio	n) /
o. COUNTY	CECI	L	MARYLA	ND a. STAT	bela	ware	b. COL	NE	WC	AST	ZE
write RURAL of	(If outside corporate limited give nearest town)	its,	c. LENGTH OF STAY IN	lb c. CITY OR			te limits, write RI			11	-
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3. NAME OF DECEASED		First		OGSON Los		4. DATE - OF	Mor		Doy	Yeo	
(Type or print) S. SEX	RALP	T	HODSON	NEI 8. DATE OF	-	DEATH	Novem AGE (In years	Der I.		19 €	
	6. COLOR OR RACE	7. MARRIED				y.	last_birthdoy)	Months	Doys	Hours	Min.
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13. FATHER'S NAME	NO DECEMBE			14. MOTH	ER'S MAIDEN N	AME	0.				
RALPH	H. HEE	4. 72		TZ	FAN	M.	5701	YE			
	ER IN U.S. ARMED FORCES		CIAL SECURITY NO.	17. INFORMANT			Add	ress			
(Yes, no, or unknown)	(If yes give wor or dotes	of service)		RALPH	H. NE	FL 7	TR. N.	FUC	4571	FIL	351
I 18. CAUSE OF I	DEATH (Enter only one co	ouse per line for (o), (b), ond (c),)	111111111111111111111111111111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.7.				RVAL BET	
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NO PART II. VIIILR	SIGNIFICANT CONDITIONS	CONTRIBUTINO TO	DEATH BUT NOT KELATI	D TO THE TERMINA	t DISTASE CONF	JIIION GIVE	N IN PART I(0)			PERFORM	ED?
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PRIMARY Or C	ONTRIBUTING	2 T. T.	RIBE HOW INJURY OCCU								
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20c. TIME OF IN	IURY Month, Doy, Yeor	Mileile	Not While	De. PLACE OF INJURY foctory, street, of		20f.	(City or town)	(60	ounty)	(Stote)
1:30 p	m. 11-12 19	67 of work [Dragstr				C	eci1	N	ſd.
21. I certi	fy that I took charg	ge af the rema	ins described abay	ve, held an Aut	apsy X,	Inspectio	an [], Ing	uiry ,	and	in my	apinion
deoth resu	Ited from: Natur	ral causes	Accident X	Suicide ,	Homicide	☐ Ur	ndetermined n	nanner [7		01
	1/1		1	(HIEF MEDICAL E	XAMINER					
ACTUAL SIGNATURE	Mar -	١. ح	mul	M.D. A	SSISTANT MEDIC	CAL EXAMINE				2. DATE	
EXAMINER'S NAME (Type)	Charles S.	Springa	te, M.D.	D	EPUTY MEDICAL			Novem	ber :	13, 1	.967
23o. BURIAL, CREMAT	ION, 23b. DATE TO	HEREOF T	23c. NAME OF CEMETE				CATION (City or To	own)	(County)	(5	tote)
REMOVAL (Specif		1-671	BACELA		MATTERL		ALINGTO!				DE
24. FUNERAL DIRECT	OR RIP	2 1	ADDRESS	The Contract of the Contract o	2So. REC'D	BY REGISTR	AR 2Sb. R	EGISTRAR'S	SIGNATUR	E	1-6
200	110000	1, Touc	d Ella					MIL			200

VR A15ME (5) 6M 1/67

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the state Depa

Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

3575 Fig. with the way to be a state of the state man de profession of the Description of the Contraction o , the state of the THE PERSON AND ASSESSMENT OF REAL PROPERTY. La contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra de on the document can discussion within

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retoined by the hospitol or ottending physician.

CEPTIFICATE OF DEATH

	~~~~	CERTIFICATE	OI DEATH	al. V	0232
1.	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Residen	ce before odmission)
	o. COUNTY	MARYLAND	FLORIDA	b. COUNTY	a
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL and give	e neorest town)
	write RURAL and give nearest town) Perry Point,	364 days	Orlando	iside corporore minis, with koker one give	117
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE
					ON A FARM
-	Veterans Administr			uth Orange Avenue	YES NO
3.	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
-	(Type or print) FEN		CHOLS	DEATH November	13 1967
2.	SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	1 YEAR IF UNDER 24 F
	TOTE HITTOG	WIDOWED DIVORCED	6-9-92	75 yrs.	
	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County		TIZEN OF WHAT
	pecial investigator	INDUSTRI	Whitefiel	d Co., Georgia	USA?
	FATHER'S NAME		14. MOTHER'S MAIDEN !	NAME	
	Maurice Fenton (	D)	Eliza J	ames (D)	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Y	es, no, or unknown) (If yes give wor or dates of se	ervice) 236-50-6710 MA	Hognital D	ecords, Perry Poi	nt Md
-	1B. CAUSE OF DEATH (Enter only one cause		nospical k	ecolus, relly for	INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY:	Emmyema It Tune	7		ONSET AND DEAT
	577/ IMMEDIATE CAUSE (o)		5		
	Conditions if any which name to	Branchannoumanie	Bilateral		200
	rise to immediate couse (a)		, 2220002		
	stoting the underlying couse DUE TO		r empharcema	with Bronchiectasis	
	last. ) (c)				19. WAS AUTOPSY
18	PART II. OTHER SIGNIFICANT CONDITIONS CONT			NOTITION GIVEN IN PART T(0)	PERFORMED?
/  \f		is of Cornary Arteri			YES X NO
RIFI	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in	Port I or Part II of item 1B.)	
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	TENERAL INC.			
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form ory, street, office bldg., etc.)		unty) (Stot
WE	p.m. 19	While Not While of work of work	ory, street, office blog., etc.,		
	21. I certify that (X) (this haspit	al) attended the deceased fram_N	lov. 14	966 to Nov. 13, 19	<b>57 жилиних ж</b> а
1	segue the deceses diverges and	*************** and that	t death accurred at	9:30 mram causes and an tl	he date stated a
	22o. SIGNATURE			22b. Di	ATE SIGNED
	a.L.m	ooney M.D	D. PHYS.	MED. DIRECTOR PHYS.	11 13 67
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) A. L. MOONET	Y, M.D.	VAH. Per	ry Point, Md.	
23	D. BURIAL GREMATION, 23b DATE THERE	244 NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote
1	p. BURIAL (REMATION, 23b, DATE THERE DURING VAL (Specify)	D/ WANCHENTER	Nat. Cemeter		! Va
	4. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S S	
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F	atterson Funeral Ho	ome, Perryville, M	d. DAIE IV	UV AU NOW	The state of the s

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THE E	.m. , nees ye			e=====================================	

## CERTIFICATE OF DEATH

15283

1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceased lived, if insti		ce befare admiss	ign
	o. COUNTY Cecil			MARYLA	ND	o. STATE New Yo	rk. 6. ((	YTAUC	01	
	b. CITY OR TOWN (	If outside corporate limit	5,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If at	utside carparate limits, write	RURAL and give	e nearest town)	-
	Perry	d give negrest tawn) Point		124 days		Brookl	.vn		6	9.3
		AL OR INSTITUTION (If no	it in haspital, g	give street address)		d. STREET ADDRESS			e. IS RES	IDENCE FARM?
7	Veteran	s Administ	ration	Hospital		2821 Av	enue I.		YES	NO K
3.	NAME OF DECEASED		st	Middle		Last	4. DATE M	anth	Doy Y	ear
L	(Type ar print)		RIE	I.		CONNOR	OF Nove			67
S.	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	25	. DATE OF BIRTH	9. AGE (In years	IF UNDER Months	1 YEAR   IF UNDI	R 24 HRS.
	Female	White	WIDOWED	DIVORCED		8-20-06	6T Aus			Mill.
	Do. USUAL OCCUPATION uring most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, ar foreign country)		TIZEN OF WHAT	
	Nurse	me, even it termedy		DOSIKI		Renovo,			USA?	
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME Katherin	e Cough	nlin	
L		. O'Connor						(L)		
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of	f service) 16.	SOCIAL SECURITY NO.	17. H	NFORMANT	Ad	ldress		
1	0-1-42to	10-31-62	113	7-32-2047	VA	Hospital R	ecords, Per	ry Poi	nt, Md.	
	1B. CAUSE OF DE	EATH (Enter anly one cau TH WAS CAUSED BY:							INTERVAL BE	
	1930	IMMEDIATE CALISE	(o)	Bronchopnew	moni	a, Bilater	al	1-1-1	3 week	S
	1,100	DUE	10	Brein Tumor	(c)	tome) I+	Frontal Lobe		4-6 mo	nthe
	Conditions, if any	e couse (a)	(D)	DIALII IUMOI	(0.	10ma), 110.	TI OHOAT HODE		4-0 mo	110113
	stating the under									
	last.	) 	(c)	TO DESCRIPTION DELLA		UE TERMINAL RICEGO	Unition on the Dank I/ 1		LIO WAS ALL	TODEV
FICATION	PART II. UTHER SI	GNIFICANT CONDITIONS C	UNTRIBUTING	O DEATH BUT NOT RELATE	ו 10 עב	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AU PERFORI YES 🔀	MED?
CFRT	OR CONTRIBUTING	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (	Enter nature of injury in	Part I or Part II of item 18.)	15		
MEDICAL	20c. TIME OF INJU	URY Manth, Day, Year				E OF INJURY (Hame, farm		(Car	unty)	(State)
ME	P.r	10	While at war		Tacio	ry, street, affice bldg., etc.				
	21. I certif	fy tho XXX (this hos	pitol) otten	ded the deceased fro	m_J	uly 7	967, to Nov.	8 , 19_	67 therepays	(Me) 163
	segwethers!	xxxxxxixxxxxxx	xxxxx	an xxxxxxxxx	d that	death accurred of	10:00 from cause	es and on th	he date stote	d obove
	220. SIGNATURE	01.	700				MED STAFE	22b. Di	ATE SIGNED	- 1511
		4. L		0010	UM.D		DIRECTOR L PHYS.	1	1867	
	22c. PHYSICIAN'S NAME (Type)		oney,	M.D.	1	VAH, Pe	erry Point,	Md.		
23	3a. BURIAL, CREMATIC			23c. NAME OF CEMETE	4.4		23d. LOCATION (City or	1.6	, , , ,	(Stote)
-	DURIAL Specify	Nov. 1	3, 196	Arlington	2 /10	tional	Arlingt	REGISTRAR'S S	inginia	
	24. PUNEKAL DIRECTO	Jeeck Q.M	reare	ADDRESS 35	24	D'D REC			les Judg	2.
	MOKPHY F	OMEKAT HOWE	- Arl	ington, Va.	/	DATENO	V 1 7 1967	Hand He	Day on	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 may be retoined by the hospitol or ottending physician.

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15279

### CERTIFICATE OF DEATH

15284

7	CERTIFICA	IL OI DEATH
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	d. COUNTY COCIL MARYLAND	Delaware b. COUNTY New Castle
1	b. CITY OR TOWN (If outside corparote limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
I	write RIRAL and give pegrest town)	
L	20022002	Newark
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
L	Union Hospital	R.D. YES □ NO X
F	3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
L	(Type or print) Illoyd Richard	Pennington DEATH Nov. 1 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   1F UNDER 24 HRS
1	Male White WIDOWED DIVORCED	Nov. 7.1907   S9 yrs.   Manths Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	during most of working life, even if retired)  Prim Repairman   NDUSTRY   Chrysler Cor	p. Pennsylvania U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	Howhout W Bonnington	Blichath B Chairing
H	Herbert V. Pennington  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17.	Elizabeth T. Steininger
I	(Yes, no, or unknown) (If yes give wor or dates of service)	
F		Mrs. Stella E. Lynch, Lewistown, Pa
ı	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
l	IMMEDIATE CAUSE (o) TINE UNIONIA	* (ER, tONITIS ONSEI AND DEATH
١	0420 DUE TO	1 (6 ) 11-2000
ı	(b) PERFORATE	ED BOWEL (SMAIL) 4,30 PYS
I	stating the underlying cause DUE TO	
ł	lost. (c) TAMOLELLE	TYPHI MURI
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?
	ATIO	YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
ı	Hour o.m.  19 While Nat While	factary, street, office bldg., etc.)
ı	O WOLK CO O WOLK CO	10 /2 2 10 (-2 to /// 10° a 3 that (1) (wa) la
L	saw the deceased alive on	hat death accurred at for M, fram causes and an the date stated above
ı	220. SIGNATURE	22b. DATE SIGNED
ı		ATTENDING MED. STAFF
	22c. PHYSICIAN'S	M.D. PHYS. LAS DIRECTOR L. PHYS. L. 1975
ı	NAME (Type) I RANDALL ROSS	EINto 1 Un
-		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	
	Burial 111/5/67 / McClure U	nion Cemetery, McClure, Penna,
1	24. FUNERAL DIRECTOR alph & Hechaddress	25a. REC'D BY REGISTRAR . 25b. REGISTRAR'S SIGNATURE
	Hicks Hove for Funerals Elktor	Mg My O DOL FORDING

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral VR A1 25M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15280 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY CECIL MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town RISING SUN MO VERT d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM NORTH CALVERT NURSING HOME NO X NAME OF Middle 4. DATE First Doy Year corbon the ottending physicion and completely sit permit. Then please remove corbon DECEASED ROBERSON NOV. 196 (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Months WHITE OCT WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) MARYLAND

14. MOTHER'S MAIDEN NAME HOUSE.WIFE 13. FATHER'S NAME SAMUEL M. KIRK 1CTORIA IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 218-32-1516-DMRS, ANN R. WEBER ARLINGTON, VA. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the by the hospital or offending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health 1 NO YES 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH to detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) January 196), to normaly () that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ ro Hospital or Attend Page 4 moy be retained should 196), and that death accurred at M20PM, fram causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 226. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) BROOKVIEW CEMETARY RISING SUN, CECIL MD. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 RISING DATEC SUN.MD

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15286 FOR STATE HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY CECI1 o Pennsylvania b. COUNTY Page 0 MARYLAND Lancaster delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Rural, Conowingo Peach Bottom 1 hr. dia. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE farm ON A FARM? Rt. 222 Poges Stote YES T NO K 24 hours ofter deoth. word "pending" in pencil in Item 18. Give Pog the Chief Medical Examiner's Office olong with NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED JOSEPH FRED SEXTON (Type or print) November DEATH 18 S. SFX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 7. MARRIED lost birthdoy) Manths Dovs Hours Male May 16 1929 38 yrs. White WIDOWED DIVORCED ond 2 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY after during most of working life even if retired)
ELECTRONICS Tech COUNTRY? Cicil Service North Carolina USA 13. FATHER'S NAME This certificate should be executed within 14 MOTHER'S MAIDEN NAME 72 hours C. W. Sexton Bessie Miller Ē 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Peach Botton (Yes, no, ar unknown) (If yes give wor or dates of service within Pa. Dorothy M. Sexton No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Multiple Tr INTERVAL BETWEEN burial-transit event ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (a) DHE TO any Canditians, if any, which gove rise to immediate couse (a). = DUE TO stoting the underlying cause 0 ond ond 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removol, NO X YES . 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should should cremotion, or EXAMINER: CAUSE OF DEATH. Passenger in airplane crash 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) foctory, street, office bldg., etc.)
Woods Hour o.m. Not While X Cecil. Md. p.m. 11/18/67 UNK at work of work eose execute 21. I certify that I taak charge of the remains described abave, held an Autopsy Inspection X Inquiry . and in my opinian death resulted fram: Natural causes funeral director. Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 2 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER Soitz, Werner U. 11/18/67 **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) the 23o. BURIAL, CREMATION, 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 Burial (Specify) 11-21-67 Darlington Cemetery Darlington Md. Harford 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE HOX 22 VR A 15ME 5 6M 1/67 Grant Funeral Home North East, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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BOX 22

North East, Md.

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

1967

VR A15ME 6M 1/67

Burial

24. FUNERAL DIRECTO

Grant Funeral Home

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15289

1. PLACE OF DEATH	1					(Where deceosed lived, if institution: Reside	ence befare admission)
a. COUNTY Ceci	1		MAS	RYLAND	a. STATE	ict of Columbia	E.
	(If outside carporate limits,		LENGTH OF STAY			outside carporate limits, write RURAL and g	ive neorest town)
write RURAL	and give nearest town)		55 days				110
	y Point		-		Washir	ngton	I a IS DESIDENCE
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. USUAL OCCUPATI	ON (Give kind of work done	10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or foreign country) 12.	CITIZEN OF WHAT
	ng life, even if retired)	INDUS	TRY		Springfie	ld, S. Carolina	OUNTRY? USA
Laborer  3. FATHER'S NAME					14. MOTHER'S MAIDEN		
		(D)					
Otis Str		(D)			244.00		
	EVER IN U.S. ARMED FORCES?  (If yes give wor ar dates af se	nical	IAL SECURITY NO.		NFORMANT	Address	
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I IB. CAUSE OF	DEATH (Enter only one couse p	per line for (o)	, (b), ond (c).)				INTERVAL BETWEEN
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OR CONTRIBUTII	NG CAUSE OF DEATH	200. DESCR	IDE HOW HOOK!	DECORRED.	true noine of indn't in	Train to troit it of hell 15.7	
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saw-tho-	daragad alive on		rzezkozyy.	and tha	death accurred a	t10:494, fram causes and an	the date stated above
22o, SIGNATUR		AAAAA.	Keden A. deden			am 22h	DATE SIGNED
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	loper 6, John	W III		M.1	PHYS. LJ	DIRECTOR L PHYS. XXX 13	
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	Funenci Home			- D	- 3 3007	101 9 0 1007 Och	what Judge

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the f director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, Pages should be filed with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

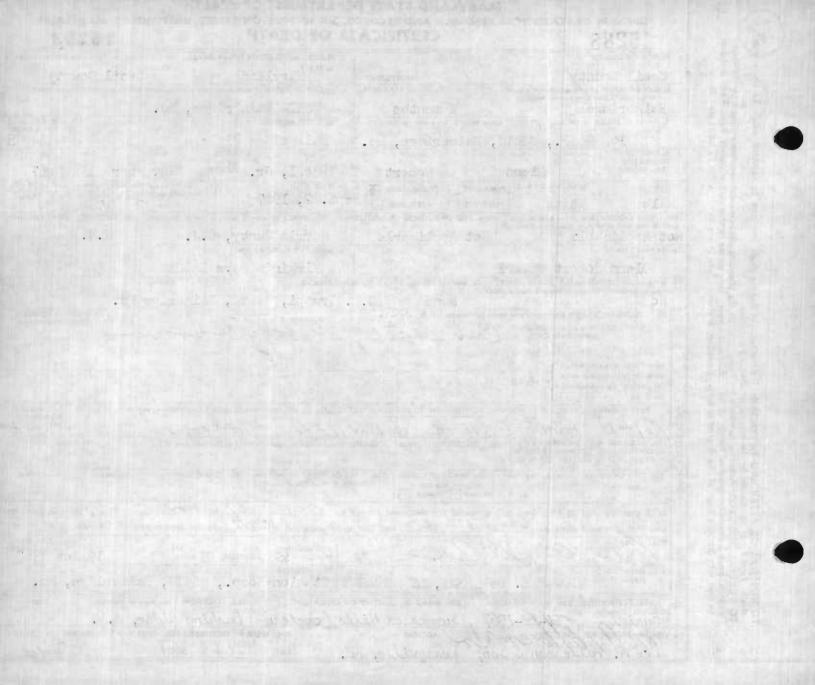
CERTIFICATE OF DEATH 15285 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) puo PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND within 72 bours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ELHTON e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL_OR INSTITUTION (If nat in haspital, give street address) papers YES NO. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Month Doy First Last Year remove corbon completely DECEASED ond in ony event, (Type or print) DEATH 5. SEX IF UNDER 24 HRS 9. AGE (In yeors 7. MARRIED NEVER MARRIED birthday) Jast Months Days Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ounty & State, or fareign country) during most af warking life, even if retired) INDUSTRY COUNTRY? physicion DELF 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo UDULPA 16 SOCIAL SECURITY NO INFORMAN1 cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) p by the hospital or attending physician. signed l buriol PTURED ABDOMINAL ANUERISH Conditions, if ony, which gove rise ta immediate cause (a), DUF TO stoting the underlying cause os the this certificate has been lost. 19. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) be detached far use State Dept. of Health NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. O HOSPITAL OR ATTEND Poge 4 may be retained and that death accurred attended, from causes and on the date stated above DIRECTOR: saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22d_ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL CREMATION. MOVAL (Specify) 9 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15287 15292 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Cecil MARYLANO Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 72 hours Perryville Baltimore City 7 Mo 13 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d in d. STREET ADDRESS 3108 Glenmore Avenue VAH., Perry Point. Md. oon pop NO A carbon NAME OF Middle 4. DATE Last Year completely DECEASED 1967 TRADER Jr HUGH H November 26 (Type or print) **OEATH** IF UNDER 1 YEAR IF UNDER 24 HRS 5. SFX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Hours Min. White 8-1-11 ond in ony Male WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion a during most of working life, even if retired)
Sports Writer INDUSTRY Baltimore, Md. Newspaper 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, MARGARET MELVIN HUGH H. TRADER Deceased (Deceased attending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 216-10-8383 VA Hospital Records, Perry Point, Md. Yes cremation. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the PART I. DEATH WAS CAUSED BY ONSET AND OFATH burial-transit Bronchopneumonia, aspiration type IMMEDIATE CAUSE (o) þ DUE TO signed burial Conditions, if any, which gave Cerebral arteriosclerosis rise to immediate couse (o), DUE TO r this certificate has been s detached for use os the b te Dept. of Health prior to b stoting the underlying couse be retained by the hospitol or attending 19. WAS AUTOPS' PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? Arteriosclerosis, generalized YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detached fr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) State of wark 21. I certify that XIX(this haspital) attended the deceased fram 4-13-67 19 to 11-26 1967, XIMENTATION TO 1 specific the control of the control DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED 11-27-67 M.D. DIRECTOR PHYS. poge 22d. ADDRESS 22c. PHYSICIAN'S **=** TO FUNERAL pe NAME (Type MOONEY. VAH. Perry Point, Md. director, should by BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 11/30/67 Moreland Memorial Baltimore 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR ADDRESS 25g. REC'D BY REGISTRAR VR A15 ( DANOV 2 196 25M 1/6 Leonard Ruck 5305 Harford Rd Balto. Md.

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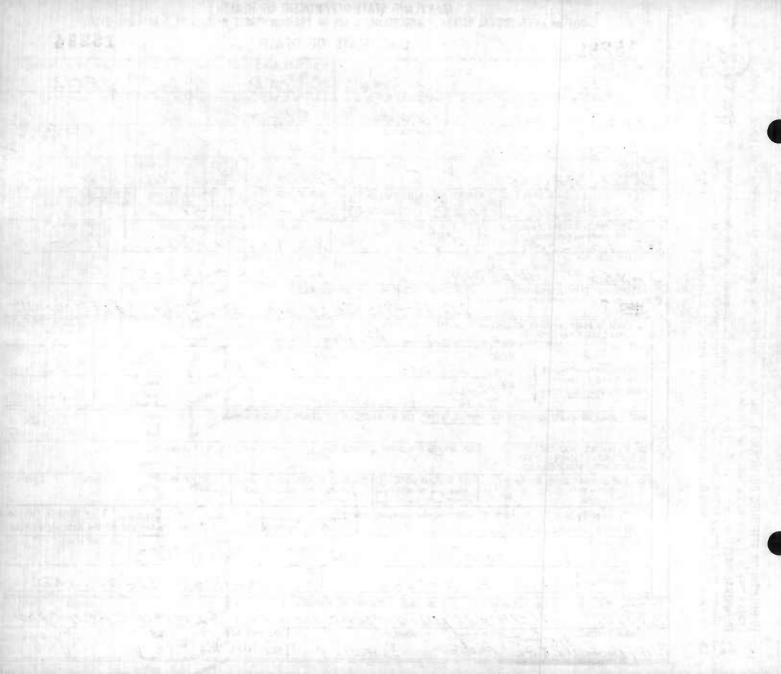
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution; Rasidence before edmission) e. COUNTY b. COUNTY Cecil County Maryland Cecil County MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Bainbridge 2 months USNTC Bainbridge. Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STATION HOSP., USNTC, Bainbridge, Md. completely Bainbridge Villege YES NO X paper n 72 l 3. NAME OF 4. DATE Year Month DECEASED OF within (Type or print) DEATH 1967 Glenn Robert TRUPPI. Jr. November 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. pue last birthdey) event Sept. 2, 1967 Male White WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, evan if retired) Not Applicable Morris County, N.J. U.S. Not Applicable please = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Glenn Robert TRUPPI Virginia Fave LANGE or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no. or unkown) | (Ifvesgivawarordatasofservice) DIRECTOR: After this certificate has been signed by the hospital or attending physician. Should be detached for use as the burial transport of the hospital part of the burial transport of the burial G.L. Truppi, USNTC, Bainbrige Md. No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a use as the burial-transit DUE TO Conditions, if any, which gave rise to Immediate ceuse DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? prior NO 20a. ACCIDENT WAS UNDERLYING T 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part I of item 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, straat, office bldg., atc.) Not While Hour a.m. at work State Dept. af work 19 Nov 13 , 196 ) that (we) last 21. I certify that in (this hospital) attended the deceased from 150c saw the deceased alive on Nou 22a. SIGNATURE 22b. DATE ATTENDING MED STAFF Page 4 rector, page FUNERAL DIRECTOR 19 Nov M.D. PHYS. PHYS. ZZc. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Station Hosp., USNTC, Bainbridge, Md. DEL BENE. LT MC USNR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) B & B REMOVAL (Specify) Basking Ridge. Summerset Hills (emetery Buria 24 FUNERAL DIRPOOR'S 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15294 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND 24 hours ofter c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) 6 to TOH d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO be executed within NAME OF First Middle DATE Month Day Year remove carbon DECEASED 1967 DEATH buriol, cremation, or removal, and in any event, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Jast birthday) Hours DIVORCED WIDOWED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME The law requires that the death certificate 13. FATHER'S NAME phy 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If yes give war ar dates af service) 12-22 CORNELIA INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or ottending physicion. DUE TO signed b Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been State Dept. of Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO 10 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark **DIRECTOR:** After pe 21. I certify that (1) (this haspital) attended the deceased from \$\mathcal{G}\$ 19 6/, that (I) (we) lost ond that death occurred at 3.6c.M. M. from couses and on the date stated above saw the deceased olive on_ 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROLANPO 105 E. MAIN ST. EL+TON, MD director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) ELRION 0 96 25b. REGISTRAP'S SIGNATURE REC'D BY REGISTRAR

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to Hospital or Attending PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

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Ye	s, no, or unknown)	(If yes give wor or dotes	of service)									
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15291 15298 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Cecil o. STATE b. COUNTY Maryland Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Elkton 13 days North East PHYSICIAN: The law requires that the death certificate be executed within 24 hou d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? carbon paper filled Union Hospital 103 Jethro St. NO X within 3. NAME OF Middle First 4. DATE Lost Month Doy Year DECEASED HOWARD ROYAL (Type or print) WYRE DEATH IF UNDER 1 YEAR Nov. IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours Male White and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician ( en please INDUSTRY COUNTRY? Laborer Fireworks Cecil Co. Maryland
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME ar remaval, William P. Wyre Annie Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 17. INFORMANT 16. SOCIAL SECURITY NO. Address lo3 Jethro St. Flora E. Wyre 216-05-6140 North East, Md. crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: Multiple Pulmonary Empoli with Polmonary Inferction ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUF TO Sophenous Thrombophilehitis burial 20 day 5 Conditions, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 1) luonary NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (!) (this haspital) attended the deceased fram. 1967 ta , 1967, that (1) (we) last 15 1967, and that death accurred at 4:091. M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DAJE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S KLAUS H. HUEBNER director, pa NORTH EAST AL NAME (Type) 23b. DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11-22-67 North East Methodist North East 2 Burial
24. FUNERAL DIRECTOR Cecil Md. ADDRESS Box 22 REGISTRAR'S SIGNATURE VR A15 (4)

DATE

North East. Md.

Grant Funeral

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15292 CERTIFICATE OF DEATH 5297 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH the funeral o. COUNTY Cecil a. STATE b. COUNTY Maryland MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 1h write RURAL and give nearest tawn)
Elkton lyr. Elkton d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) filled in papers. d. STREET ADDRESS e. IS RESIDENCE and in any event, within 72.K ON A FARM? Union Hospital YES NO X OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF attending physician and compensation bermit. Then please remaye carbon 4. DATE Year First Last Manth Day DECEASED OF Zeh Emily 19 67 November (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours White WIDOWED DIVORCED May 31.1880 Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) **INDUSTRY** Housewife England 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Hnknown Unknown Oakl Address N.J. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, na, ar unknawn) (If yes give wor or dates af service Mrs. Gladys Hoffner. 913 Newton Ave. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) by Page 4 may be retained by the haspital or attending physician. DUF TO signed b burial, Canditians, if ony, which gave rise to immediate cause (a). DUE TO far use os the b Health priar tab stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS TO FUNERAL DIRECTOR: After this certificate has PERFORMED? CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour a.m. Nat While factory, street, office bldg., etc.) at wark 21. I certify that (1) (this haspital), attended the deceased fram 11/15 11/3-1, 1967 that (1) (we) last . 19 6 / ta 1967, and that death accurred at 10 22/1M, from causes and on the date stated above. saw the deceased alive an 11/31 22b. DATE SIGNED 220. SIGNATURE ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 22c/PHYSICIAN'S NAME (Type) 105 E. Main St. Elkton. Md. Rolando A. Najera 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 11/24/ Sumerton, Penna. Sunset Mem. Cemetery 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles Judge DATENOV for Elkton, Md Tome

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